



1263.001239

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
: Examiner: M. Ramakrishnaiah
MICHAEL JAMES TAYLOR ET AL.)
: TC/Art Unit: 2643
Application No.: 09/533,398)
:
Filed: March 22, 2000)
:
For: IMAGE PROCESSING)
APPARATUS : December 10, 2004

Mail Stop: RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PRELIMINARY AMENDMENT

Sir:

A Request for Continued Examination (RCE) Transmittal is filed herewith. Prior to continued examination, the Examiner is respectfully requested to amend the above-identified application as follows.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

December 10, 2004.

(Date of Deposit)

LEONARD P. DIANA (Reg. No. 29,296)

(Name of Attorney for Applicant)

Signature

December 10, 2004

Date of Signature



Application of:

Docket No. 01263.001239

MICHAEL JAMES TAYLOR ET AL.

Application No.: 09/533,398

Examiner: M. Ramakrishnaiah

Filed: March 22, 2000

Group Art Unit: 2643

For: IMAGE PROCESSING APPARATUS

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COMMISSIONER FOR PATENTS

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P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Preliminary Amendment in the above-identified application.

☐ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 61	MINUS	** 53	= 8	x \$25 \$50	\$400.00
INDEP. CLAIMS	* 9	MINUS	*** 6	= 3	x \$100 \$200	\$600.00
Fee for Multiple Dependent claims \$180°/\$360						Prev. Paid
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$1,000.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.



- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☒ A check in the amount of \$ 1,000.00 is enclosed.
- ☐ Charge \$ _____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$ _____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$ _____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,

Leonard P. Diana
Attorney for Applicants
Registration No.: 29,296

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